

Renewal

APPLICATION FOR INDEPENDENT LIVING EDUCATION AND TRAINING VOUCHER (ETV) FUNDS

NAME: _____

ADDRESS: _____

TELEPHONE: _____ DOB: _____ SSN: _____

SCHOOL ATTENDING _____ YEAR IN SCHOOL _____

WHAT IS YOUR MAJOR AND MINOR IN? _____

LAST SEMESTER'S GRADE AVERAGE: _____

ENCLOSED YES ☐ NO ☐ WHY NOT _____

PAST ETV FUNDS AWARDED \$ _____ DATE OF AWARD _____

LAST DATE OF CONTACT WITH COMMUNITY RESOURCE PERSON OR CAREER
LEARNING CENTER STAFF: _____

OTHER AGENCIES YOU ARE INVOLVED WITH:

**The following information is only necessary if this is the first application
for the school year, or the institution only completed the information
for a semester.**

TO BE COMPLETED BY THE FINANCIAL AID OFFICE

BUDGET PERIOD _____ TO _____

Item

Amount

1. Dorm room supplies (linen, etc)

2. Books

3. Supplies (lab equipment, etc)

4. Meal plan

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INFORMATION.

Signature of Youth

Signature of Youth

I understand that by signing this form I accept responsibility for doing my part of the Educational and Training Voucher program.

SIGNATURE: _____ DATE _____

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IL SECTION USE ONLY

APPROVED BY: _____ DATE: _____

TITLE: _____

COMMENTS: _____

MAIL TO: _____